

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated on the line below:
IPEA/ AT

PCT**CHAPTER II****DEMAND**

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only

Identification of IPEA		Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agent's file reference Flut_101
International application No. PCT/IN03/00219	International filing date (day/month/year) 16 June 2003 (16/06/03)	(Earliest) Priority date (day/month/year) 20 June 2002 (20.06.02)
Title of invention CONVENIENT SYNTHESIS OF S-FLUOROMETHYL 6,196-DIFLUORO-11 β -HYDROXY-16 α -METHYL-17 α -PROPYNYLOXY-3-OXOANDROSTA-1,4-DIENE-17 β -CARBOETHIOATE		
Box No. II APPLICANT(S)		Telephone No. 91 22 28230102
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) SUN PHARMACEUTICAL INDUSTRIES LIMITED ACME PLAZA, ANDHERI-KURLA ROAD, ANDHERI (EAST), MUMBAI 400 059		Facsimile No. 91 22 28212010
		Teleprinter No.
		Applicant's registration No. with the Office
State (that is, country) of nationality: IN	State (that is, country) of residence: IN	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) JADAV, Kanaksinh, Jesingbhai SUN PHARMA ADVANCED RESEARCH CENTRE AKOTA ROAD, AKOTA BARODA-390020 INDIA		
State (that is, country) of nationality: IN	State (that is, country) of residence: IN	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) KAMBHAMPATI, Sudhakar SUN PHARMA ADVANCED RESEARCH CENTRE AKOTA ROAD, AKOTA BARODA-390020 INDIA		
State (that is, country) of nationality: IN	State (that is, country) of residence: IN	
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.		

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Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet should not be included in the demand.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

CHITTURI, Trinadha, Rao
 SUN PHARMA ADVANCED RESEARCH CENTRE
 AKOTA ROAD, AKOTA
 BARODA-390020
 INDIA

State (that is, country) of nationality:
INState (that is, country) of residence:
IN

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

THENNATI, Rajamannar
 SUN PHARMA ADVANCED RESEARCH CENTRE
 AKOTA ROAD, AKOTA
 BARODA-390020
 INDIA

State (that is, country) of nationality:
INState (that is, country) of residence:
IN

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

State (that is, country) of nationality:

State (that is, country) of residence:

 Further applicants are indicated on another continuation sheet.

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Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is agent common representative
 and has been appointed earlier and represents the applicant(s) also for international preliminary examination
 is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.
 is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: (Family name followed by given name; for a legal entity, full official designation.
The address must include postal code and name of country.)

SHRIVASTAVA, Ratnesh
SUN PHARMACEUTICAL INDUSTRIES LIMITED
ACME PLAZA, ANDHERI-KURLA ROAD,
ANDHERI (EAST), MUMBAI - 400 059
INDIA

Telephone No.
91 22 28230101

Facsimile No.
91 22 28212010

Teleprinter No.

Agent's registration No. with the Office

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

the international application as originally filed
 the description as originally filed
 as amended under Article 34
 the claims as originally filed
 as amended under Article 19 (together with any accompanying statement)
 as amended under Article 34
 the drawings as originally filed
 as amended under Article 34

2. The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3. The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). (This check-box may be marked only where the time limit under Article 19 has not yet expired.)

- * Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: ENGLISH

which is the language in which the international application was filed.
 which is the language of a translation furnished for the purposes of international search.
 which is the language of publication of the international application.
 which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The applicant hereby elects all eligible States (that is, all States which have been designated and which are bound by Chapter II of the PCT)

excluding the following States which the applicant wishes not to elect:

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | | |
|--|----------|--------------------------|--------------------------|
| 1. translation of international application | sheets | | |
| 2. amendments under Article 34 | sheets | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. copy (or, where required, translation) of amendments under Article 19 | sheets | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. copy (or, where required, translation) of statement under Article 19 | sheets | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. letter | 1 sheets | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. other (specify) | sheets | <input type="checkbox"/> | <input type="checkbox"/> |

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received not received

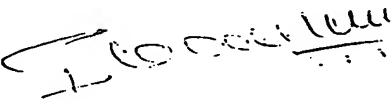
The demand is also accompanied by the item(s) marked below:

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listings in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in computer readable form related to sequence listings |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (specify): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

SHANGHVI, Dilip
MANAGING DIRECTOR,
SUN PHARMACEUTICAL INDUSTRIES LIMITED



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1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.

The applicant has been informed accordingly.

4. The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.

5. Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

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Demand received from IPEA on:

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FEE CALCULATION SHEET

Annex to the Demand

International application No.	PCT/IN03/00219	For International Preliminary Examining Authority use only		
Applicant's or agent's file reference	Flut_10 i	Date stamp of the IPEA		
<p>Applicant SUN PHARMACEUTICAL INDUSTRIES LIMITED</p>				
<p>CALCULATION OF PRESCRIBED FEES</p>				
1. Preliminary examination fee EURO 159 P		<hr/> <hr/> <hr/>		
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>) EURO 159 H				
3. Total of prescribed fees <i>Add the amounts entered at P and H and enter total in the TOTAL box</i> EURO 318 TOTAL				
<p>MODE OF PAYMENT</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input checked="" type="checkbox"/> bank draft </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input type="checkbox"/> other (<i>specify</i>): _____ </td> </tr> </table>			<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input checked="" type="checkbox"/> bank draft	<input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input type="checkbox"/> other (<i>specify</i>): _____
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) <input type="checkbox"/> cheque <input type="checkbox"/> postal money order <input checked="" type="checkbox"/> bank draft	<input type="checkbox"/> cash <input type="checkbox"/> revenue stamps <input type="checkbox"/> coupons <input type="checkbox"/> other (<i>specify</i>): _____			
<p>AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i></p>				
<input type="checkbox"/> Authorization to charge the total fees indicated above. <input type="checkbox"/> (<i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.		IPEA: _____ Deposit Account No.: _____ Date: _____ Name: _____ Signature: _____		

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PATENT COOPERATION TREATY

From the
INTERNATIONAL PRELIMINARY EXAMINATION AUTHORITY

To:

SHRIVASTAVA Ratnesh
SUN PHARMACEUTICAL INDUSTRIES
LIMITED,
ACME PLAZA,
ANDHERI KURLA ROAD, ANDHERI (EAST)
400 059 MUMBAI
India

PCT

NOTIFICATION OF RECEIPT OF DEMAND BY COMPETENT INTERNATIONAL EXAMINING AUTHORITY

(PCT Rules 59.3(e) and 61.1(b), first sentence and
Administrative Instructions, Section 601(a))

Date of mailing (day/month/year)	12 January 2004 (12.01.04)
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Applicant's or agent's file reference
Flut_101

IMPORTANT NOTIFICATION

International application No. PCT/ IN 03/00219	International filing date (day/month/year) 16 June 2003 (16.06.03)	Priority Date (day/month/year) 20 June 2002 (20.06.02)
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Applicant

SUN PHARMACEUTICAL INDUSTRIES LIMITED

1. The applicant is hereby notified that this International Preliminary Examination Authority considers the following date as the date of receipt of the demand for international preliminary examination of the international application:

2 January 2004 (02.01.04)

2. The date of receipt is:

- the actual date of receipt of the demand by this Authority (Rule 61.1(b)).
- the actual date of receipt of the demand on behalf of this Authority (Rule 59.3.1(e)).
- the date on which this Authority has, in response to the invitation to correct defects in the demand (Form PCT/IPEA/404), received the required corrections.

3. **ATTENTION:** That date of receipt is after the expiration of 19 months from the priority date. Consequently, in respect of some Offices, the demand does not have the effect of postponing the entry into the national phase until 30 months from the priority date (or later in some Offices) (Article 39(1)) and the acts for entry into the national phase must therefore be performed within 20 months from the priority date (or later in some Offices). However, in respect of some other Offices, the time limit of 30 months (or later) may nevertheless apply. See the Annex to Form PCT/IB/301 and, for details about the applicable time limits, Office by Office, see the PCT Applicant's Guide, Volume II, National Chapters and the WIPO Internet site.

(If applicable) This notification confirms the information given by telephone, facsimile transmission or in person on:

4. Only where paragraph 3 applies, a copy of this notification has been sent to the International Bureau.

Name and mailing address of the IPEA/AT
Austrian Patent Office
Dresdner Straße 87
A-1200 Vienna/Austria
FAX No. +43 / 1 / 53424-200

Authorized officer

Petsch

Telephone No. +43 / 1 / 53424 - 450

Form PCT/IPEA/402 (April 2002)

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